



Medical Leave of Absence, Mental Health Care Provider Form

Instructions: This form is to be completed by the student's community mental health provider and be mailed to: Student Health and Counseling, Attention: Amy Gonzalez, 1 College Circle, Geneseo NY, 14454 or faxed to 585-245-5071.

Student name: _____ D.O.B: _____

Provider name: _____ License #: _____

Provider licensed as: _____ State of licensure: _____

Dates of treatment (first session and most recent): _____

Treatment modalities (individual, group, IOP, inpatient, etc.): _____

Treatment program name (if applicable): _____

Initial DSM-V diagnoses: _____

Current DSM-V diagnoses: _____

Other relevant clinical issues:

Clinician signature: _____ Date: _____

8/2025



Health Services
Phone: 585.245.5736
Fax: 585.245.5744

Counseling Services
Phone: 585.245.5716
Fax: 585.245.5071

Addiction Counseling & Prevention
Phone: 585.245.5716
Fax: 585.245.5071

Health Promotion
Phone: 585.245.5747
Fax: 585.245.5744